QUARTERLY REPORT OF SURPLUS LINES BUSINESS Transacted Under Neb.Rev.Stat. §44-5501 – 44-5514

				Transacted Under	r <u>Neb.Rev.Stat.</u> §44-55	01 – 44-5514					
FILING T	YPE (check one):	Co	orporation _	Individual	Purchasing Group]	QUARTER ENDING				
NAME O	F SURPLUS LINE L	ICENSEE			AGENT OR CORPORATION LICENSE #						
NAME O	F AGENCY OR PUR	RCHASING	GROUP _								
BUSINESS STREET ADDRESS					CITY		STATE ZIP COD		ZIP CODE _		
CONTACT PERSON				TEL	TELEPHONE E-MAIL ADDRESS						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
NAIC#	Name of Insurance Company	Policy #	Date of Coverage	Name of Insured	Brief Description of Policy Coverage and Property or Exposure Insured	Amount of Insurance or Limit of Exposure	Tax Rate	Premium Received	Return Premium	Total Tax (Refund)	
			0011118	- 1						(=======)	
									-		
									 		
									+		
Complete	Columns $1 - 11$. Be	sure to ente	er totals on eac	ch sheet. Enter Grand	Total on last page.	Su	btotal				
NOTE: This form may be used in lieu of an annual report if all business will fit on one page.						GRAND TOTAL					
surplus li	nes reports that may	y be require	ed to be filed	under Neb.Rev.Stat.					-	hasing group	
I swear th	at to the best of my ki	nowledge ar	nd belief, I co	uld not reasonably pro	cure the insurance listed abo	ve from a company	admitted	d to do busine	ss in Nebraska.		

Page of